

MICROCREDENTIAL DECLARATION FORM

- This form is for a currently matriculated or previously matriculated SUNY Schenectady student to elect to enroll in a Microcredential.
- Submit this form to the Registrar's Office, Elston Hall 212 or via email registrar@suny.edu

Effective Term: Fall 20___ Spring 20___ Summer 20___

NOTE: If you have never been accepted for admission to SUNY Schenectady, don't use this form and apply to join for a Microcredential through our Admission's Office.

Student Name:	Student ID Number:
Address:	-
City, State:	Phone Number:
1. Do you have college transcripts from other institutions that we should review for transfer credit into the microcredential? If yes, which transcript/s should be reviewed?	
2. Have you ever been expelled or dismissed reasons? Y □ N □	from a college or university for disciplinary
3. Name of Microcredential you request to enroll:	
	opment Microcredential, you will need to contact Lauren Lankau at 518 of Community Education Office to discuss eligibility. Employment in a dential.
	gnature of Lauren Lankau required (or attach her email of Date:
Student Signature:	Date:
REGISTRAR'S OFFICE USE:	
System update: Program	Initial and Date: